

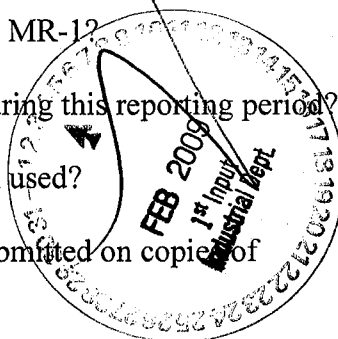
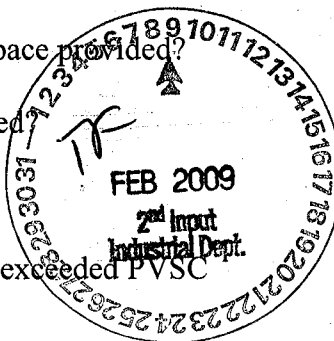
## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ASAP LINEN

27220027-1

## 1. MONTH OF DECEMBER 1, 2008 THRU DECEMBER 31, 2008

- |     |  |                                    |                                    |                                      |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A                                  |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 10. | Has PHC result been listed on MR-1 report?                                 | <input type="radio"/> Y            | <input type="radio"/> N            | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 21. | Remove Arsenic from report if sampling not required                        | <input type="radio"/> Y            | <input type="radio"/> N            | <input checked="" type="radio"/> N/A |



e.g.m.

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ASAP LINEN

27220027

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 2/6/09 Date sent to user \_\_\_\_\_Date due back \_\_\_\_\_ Reviewer c.j.m.

Second review comments on deficiencies \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

CAVIN

**PRETREATMENT MONITORING REPORT**

Name: ASAP LINEN, INC.

FEB 3 2009

Mailing Address: 36 - 38 Iowa Avenue, Paterson, NJ 07503Facility Location: 36 - 38 Iowa Avenue, Paterson, NJ 07503Category & Subpart: 9999 Outlet#: 1Contact Official: Mitchell Smith Telephone#: 973-684-7600NEW CUSTOMER ID / OUTLET ID: 27220027-1

MONITORING PERIOD						AVERAGE	MAXIMUM
12	1	2008	12	31	2008	Regulated flow-gal/day	N/A
MON	DAY	YR	MON	DAY	YR	Total Flow-gal/day	26,401
START			END			Method Used: Average total flow for Local Limits from incoming purchase water meter, minus 5% evaporation divided by 17 work days in month. Max = Avg + 20%.	
Parameter	2		Mass or Concentration			No. of Samples	Sample type
			Mon Avg	Maximum	Units		Comp./grab
Zinc	Sample measurement		0.068	N/A	"	1	Comp.
	Permit requirement		1.67	N/A	"		
	Sample measurement						
	Permit requirement						
	Sample measurement						
	Permit requirement						
	Sample measurement						
	Permit requirement						
	Sample measurement						
	Permit requirement						
	Sample measurement						
	Permit requirement						
	Sample measurement						
	Permit requirement						

12345678910111213141516171819202122232425262728293031

FEB 2009  
1st Input  
Industrial Dept.

12345678910111213141516171819202122232425262728293031

FEB 2009  
2nd Input  
Industrial Dept.

**PRETREATMENT MONITORING REPORT**

**Certification of Non-use (use additional sheets if necessary)** As per approval by the PVSC,  
ASAP Linen, Inc. is certifying non-use for Cadmium, Copper, Mercury, Nickel and Lead for this  
month.

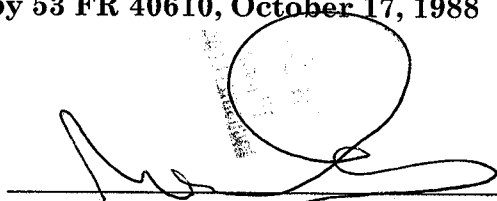
**Compliance or non-compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used:** ASAP Linen, Inc.. was in compliance with the PVSC Local  
Metal Limits for self monitoring performed during the month and as presented in this report.

**Explain Method for preserving samples:**

Metal sample was a composite which was preserved with HNO<sub>3</sub> to pH < 2.0. All samples were  
transferred to the laboratory in an ice filled cooler.

**I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.**

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

  
\_\_\_\_\_  
Signature of Principal  
Executive or Authorized Agent

Michael Gates

Plant Manager  
\_\_\_\_\_  
Type Name and Title

1-19-2009  
\_\_\_\_\_  
Date

**ASAP LINENS, INC. - LOCAL LIMIT MR-1: DECEMBER 2008**

INDUSTRIAL METER READINGS	17 WORK DAYS IN MONTH
---------------------------	-----------------------

3780770 Present Meter Reading  
-3717610 Past Meter Reading  
 63160 Cubic Feet  
x 7.48  
 472,437  
x .95 (-5% Evaporation)  
 448,815 Gallons for Outlet # 27220027-1

26,401 GPD = AVG TOTAL LOCAL LIMIT FLOW : OUTLET# 27220027-1  
 17 | 448,815

26,401  
x 1.20 (MAX = AVG+20%)  
 31,681 GPD = MAX TOTAL LOCAL LIMIT FLOW : OUTLET# 27220027-1



## ANALYTICAL DATA REPORT

for  
**ASAP Linen**  
 36-38 Iowa Ave.  
 Paterson, NJ 07503

**Project Name: PVSC MONITORING**  
**Lab Case Number: E08-13722**

MDL = METHOD DETECTION LIMIT

&lt; = LESS THAN THE MDL

**Metals**

Lab ID: 13722-001

Client ID: 01

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 12/2/2008

Time Sampled: 09:00

Date Analyzed: 12/4/08

**Parameter****Result****Q****MDL**

Zinc

0.068

0.008

**General Analytical**

Lab ID: 13722-001

Client ID: 01

Percent Moisture: 100

Date Sampled: 12/2/2008

Time Sampled: 09:00

**Parameter****Result****MDL****Matrix-Units****Date Analyzed**

Biochemical Oxygen Demand

697

2.00

Aqueous-mg/L

12/3/2008 13:00

Total Suspended Solids

64.7

16.7

Aqueous-mg/L

12/8/2008 14:00

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D  
 Laboratory Director

273 Franklin Road  
 Randolph, NJ 07869  
 Phone: 973 361 4252  
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program.



## PROJECT INFORMATION

Case No. **E08-13722**Project **PVSC MONITORING**

<b>Customer</b> ASAP Linen	<b>P.O. #</b>
<b>Contact</b> John Sabo	<b>Received</b> 12/3/2008 12:00
<b>EMail</b> ENVIRO43@aol.com <input type="checkbox"/> EMail EDDs	<b>Verbal Due</b> 12/17/2008
<b>Phone</b> Fax 1(973) 633-7643	<b>Report Due</b> 12/24/2008
<b>Report To</b>	<b>Bill To</b>
36-38 Iowa Ave.	Enviro-Comp
Paterson, NJ 07503	P.O. Box 3457
	Wayne, NJ 07474
Attn: John Sabo	Attn: John Sabo
<b>Report Format</b> Result Only	
<b>Additional Info</b> <input type="checkbox"/> State Form <input type="checkbox"/> Field Sampling <input type="checkbox"/> Conditional VOA	

<u>Lab ID</u>	<u>Client Sample ID</u>	<u>Depth Top / Bottom</u>	<u>Sampling Time</u>	<u>Matrix</u>	<u>Unit</u>	<u># of Containers</u>
13722-001	01	n/a	12/2/2008@09:00	Aqueous	ug/L	2
<u>Sample #</u>	<u>Tests</u>	<u>Status</u>	<u>QA Method</u>			
001	Nickel - Ni	Cancel	200.8			
"	Zinc - Zn	In Process	200.8			
"	BOD	Run	5210B			
"	TSS (Suspended)	Run	2540D			

12/04/2008 12:42 by kim - REV 1

As per John Sabo, cancel Nickel.



## INTEGRATED ANALYTICAL LABORATORIES, LLC

## SAMPLE RECEIPT VERIFICATION

CASE NO: E 08

13722

CLIENT:

ASAP Linen

COOLER TEMPERATURE: 2° - 6°C: ☒

( See Chain of Custody)

Comments

COC: COMPLETE / INCOMPLETE

KEY

☒ = YES/NA  
☒ = NO

- ☒ Bottles Intact
- ☒ no-Missing Bottles
- ☒ no-Extra Bottles

- ☒ Sufficient Sample Volume
- ☒ no-headspace/bubbles in VOs
- ☒ Labels intact/correct
- ☒ pH Check (exclude VOs)<sup>1</sup>
- ☒ Correct bottles/preservative
- ☒ Sufficient Holding/Prep Time<sup>1</sup>

☐ Sample to be Subcontracted

<sup>1</sup> All samples with "Analyze Immediately" holding times will be analyzed by this laboratory past the holding time. This includes but is not limited to the following tests: pH, Temperature, Free Residual Chlorine, Total Residual Chlorine, Dissolved Oxygen, Sulfite.

ADDITIONAL COMMENTS:

SAMPLE(S) VERIFIED BY:

INITIAL

DATE

12/3/08

CORRECTIVE ACTION REQUIRED:

YES

☐ (SEE BELOW)

NO

☐

CLIENT NOTIFIED:

YES

☐

Date/ Time:

NO

☐

PROJECT CONTACT:

SUBCONTRACTED LAB:

DATE SHIPPED:

ADDITIONAL COMMENTS:

VERIFIED/TAKEN BY:

INITIAL

DATE

12-4-08

REV 02/05

## Laboratory Custody Chronicle

IAL Case No.

**E08-13722**Client ASAP LinenProject PVSC MONITORINGReceived On 12/ 3/2008@12:00

## Department: Metals

Zinc - Zn

13722-001 Aqueous

Prep. Date

12/ 4/08

Analyst

Lisa

Analysis Date

12/ 4/08

Analyst

Helge

## Department: Wet Chemistry

BOD

-001 Aqueous

Prep. Date

n/a

Analyst

n/a

Analysis Date

12/ 3/08@13:00

Analyst

Kris

TSS (Suspended)

-001 Aqueous

n/a

n/a

12/ 8/08

Kam

Review and Approval:

